



Financial Affairs Division  
Arizona Department of Insurance  
2910 North 44th Street, Suite 210  
Phoenix, Arizona 85018-7269  
Telephone: (602) 364-3999/Fax: (602) 364-3989

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POWER OF ATTORNEY AND CERTIFICATE OF ASSUMING INSURER

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I, \_\_\_\_\_, \_\_\_\_\_  
(name of officer) (title of officer)

of \_\_\_\_\_, the assuming insurer  
(name of assuming insurer)

under a reinsurance agreement(s) with one or more insurers domiciled in \_\_\_\_\_,  
(name of state)

hereby certify that \_\_\_\_\_ ("Assuming Insurer"):  
(name of assuming insurer)

1. Submits to the jurisdiction of any court of competent jurisdiction in Arizona for the adjudication of any issues arising out of the reinsurance agreement(s), agrees to comply with all requirements necessary to give such court jurisdiction, and will abide by the final decision of such court or any appellate court in the event of an appeal. Nothing in this paragraph constitutes or should be understood to constitute a waiver of Assuming Insurer's rights to commence an action in any court of competent jurisdiction in the United States, to remove an action to a United States District Court, or to seek a transfer of a case to another court as permitted by the laws of the United States or of any state in the United States. This paragraph is not intended to conflict with or override the obligation of the parties to the reinsurance agreement(s) to arbitrate their disputes if such an obligation is created in the agreement(s).
2. Designates the Director of Insurance of the State of Arizona, and his or her successor or successors in office, to be its true and lawful attorney in and for the State of Arizona, upon whom all lawful process in any action, suit or legal proceeding against it, including any such action, suit or proceeding instituted by or on behalf of any ceding insurer domiciled in the State of Arizona, may be served.

It hereby further agrees that any lawful process against it, which is served upon and forwarded by said attorney by registered mail to the person last so designated by it to receive process, shall be of the same legal force and validity as if served personally upon it, and shall be deemed sufficient service, and that the appointment and authority of said attorney shall continue so long as any of its liability remains outstanding in said state, and that its removal from said state, or dissolution, shall not take away or impair the right to commence any action or legal proceeding against it, in the manner herein provided, upon a liability previously incurred.

It hereby further agrees that when any lawful process against or affecting it is served upon said Director of Insurance, a copy of said proceedings shall be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Submits to the authority of the Insurance Director of Arizona to examine its books and records and agrees to bear the expense of any such examination.
4. Submits with this form a current list of insurers domiciled in Arizona reinsured by Assuming Insurer and undertakes to submit additions to or deletions from the list to the Insurance Director at least once per calendar quarter.

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The \_\_\_\_\_ in accordance with the resolution of  
its Board of Directors duly passed on \_\_\_\_\_ ; (a certified copy of which is attached hereto and made a  
part hereof) has to these presents affixed its corporate seal and caused the same to be subscribed by its President, and  
attested by its Secretary, at the City of \_\_\_\_\_  
in the State of \_\_\_\_\_ on this \_\_\_\_\_ Day of \_\_\_\_\_.

\_\_\_\_\_, President

\_\_\_\_\_, Secretary

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State of \_\_\_\_\_ )

\_\_\_\_\_ ) S.S.

County of \_\_\_\_\_ )

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, \_\_\_\_\_,

The undersigned officers, personally appeared \_\_\_\_\_ President,

and \_\_\_\_\_ Secretary, who acknowledged themselves to be the

President and Secretary respectively, of \_\_\_\_\_ .

a corporation, and that they as such President and Secretary, respectively, being authorized to do so, executed the  
foregoing instrument for the purpose therein contained, by signing the name of the corporation by the President, attested  
by the Secretary, and affixing the corporate seal thereto.

IN WITNESS WHEREOF I hereto set my hand and official seal.

\_\_\_\_\_  
(Notary Public)

(Seal)

Commission expires: \_\_\_\_\_

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CERTIFIED COPY OF RESOLUTION

At a meeting of the Board of Directors of this \_\_\_\_\_

\_\_\_\_\_ (full and exact corporate name) held on the \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_, at its office, a quorum of said Board was present, and, on motion, the following resolution was duly passed by said Board:

RESOLVED, that this

\_\_\_\_\_  
(full and exact corporate name)

hereby authorizes its President and Secretary, under its corporate seal, to irrevocably appoint the Director of Insurance of the State of Arizona, and his or her successor or successors in office, its true and lawful attorney in and for the State of Arizona, upon whom all lawful process in any action, suit or legal proceeding against it, including any such action, suit or proceeding instituted by or on behalf of any ceding insurer domiciled in the State of Arizona, may be served.

It hereby further agrees that any lawful process against it, which is served upon and forwarded by said attorney by registered mail to the person last so designated by it to receive process, shall be of the same legal force and validity as if served personally upon it, and shall be deemed sufficient service, and that the appointment and authority of said attorney shall continue so long as any of its liability remains outstanding in said state, and that its removal from said state, or dissolution, shall not take away or impair the right to commence any action or legal proceeding against it, in the manner herein provided, upon a liability previously incurred.

And that it hereby further agrees that when any lawful process against or affecting it is served upon said Director of Insurance, a copy of said proceedings shall be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

And that it hereby further agrees that its President and Secretary are authorized and instructed to execute and deliver in its name and on its behalf, a Power of Attorney and Certificate of Assuming Insurer, in accordance with this resolution.

I hereby certify that the above is a correct copy of the resolution of the Board of Directors of the said

\_\_\_\_\_  
(full and exact corporate name)

(Seal)

\_\_\_\_\_  
Secretary